

Application for an Orange CountyVital Record

Mark B. Horton, M.D. Health Officer, Orange County, CA

INFORMATION: Orange County only has records of birth, marriage and deaths that occurred in Orange
For all other records you must contact the county in which the event took place or contact the State Office of Vital Records –
M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. For Marriage records and records prior to 1994 please go to The
Orange County Clerk Recorder's Office, located at 12 Civic Ctr. Plaza, Santa Ana, CA 92701.

INSTRUCTIONS: Use a separate blank application for **each** record requested. **All sections must be completed in their entirety.** Please send \$18.00 for birth and \$13.00 for death records for each certified copy requested. If no record is found, the fee will be retained for searching as required by statute and a "Certification of No Record" will be sent.

PAYMENT OPTIONS:

Mail orders – Check or money order. Include with this application sufficient money, in the form of a personal check, postal or bank money order, made payable to "COHCA". Mail this application along with the fee to the Orange County Health Care Agency, P.O. Box, 234 Santa Ana, CA 92702-0234 or 1200 N. Main St. Ste.100-A, Santa Ana, CA 92702. **Please include a legal-size self addressed stamped envelope with your request.**

Walk-in customers – Check or Cash (same day service).

CERT	TFICAT	E INF	\mathbf{ORMA}	Γ ΙΟΝ – 1	PLEASE	PRINT	LEGIBLY	OR	TYPF

- Give all the information you have available for the identification of the record. If the information you furnish is incomplete or not accurate, it may be impossible to locate the record.
 The Health Care Agency may provide a certified copy of a record to an authorized person only. The law describes an authorized person as a parent
- or legal guardian, a child, grandparent, grandchild, sibling, spouse or domestic partner. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the Health Care Agency may only issue an informational certified copy of the record with a legend stating "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." This section of the application must be completed **prior to submission** and no refund or exchanges will be made after the copy has been issued. Please indicate the type of record you are requesting. Select one of the following:

been issued. Ple	ase indicate the ty	pe of record y	ou are request	ing. Select	one of the follow	ing:				
BIRTH			DEATH			FI	FETAL DEATH			
Name of Person (s) on	the Record– First N	ame	Middle Name			Last Name				
City or Town of Occurrence Mother's Maiden Name					Date of Event (If unknown, enter approximate date)					
Indicate "Certified" Copy or "Informational" Copy						Number of Copies Requesting				
	APPL	ICANT IN	FORMATI	ON – PL	EASE PRINT	LEGIB	LY C	OR TYPE		
of perjury in front o	f a member of our	staff.						eed to sign the application of a notary public		nder penalty
Purpose for Which Cer	tificate is to Be Use	d		Re	lationship to Person	on the Rec	cord			
Name of Person Comp	leting Application			Da	ytime Telephone Nu	ımber – Ar	ea Cod	le First		
Address – Number, Street, and Unit # (if applicable)				Cit	у		State			Zip Code
								eof, for fraudulent purporegoing is true and co		
	Dute	BELO	OW SECTI	ON FOR	COUNTY US	SE ONL	Y	S.g.ittire		
Local Registration Nur	nber		1	ment Number(s)			Bank Note Paper Number(s)			
Date Processed	Circle One	Circle One		Type of I.I	D./Identifying Numb	ing Numbers Clerk's Initials				

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. Only one notarized statement is required per order not per certificate.

SWORN STATEMENT

I,(Prin	ted Name)	, swear under penalty of perjury under the laws of	the
State of California, that I am an authorize	d person, as defi	ined in California Health and Safety Code Section 103526	(c), and a
eligible to receive a certified copy of	of the birth or de	eath record of the following individual(s):	
ne of Person Listed on Certificate		Relationship to Person Listed on Certificate	
Sworn this day of	, 200, at (City)	(State)	(Day)
(Signature)			
CEI	RTIFICATE	OF ACKNOWLEDGMENT	
State of) County of)) ss		
On	, before me pe	ersonally appeared	
		proved to me on the basis of satisfactory evidence, to be	the
		rument and acknowledged to me that he/she executed the	
behalf of which the person acted, ex	-	her signature on the instrument the person, or the entity usument.	pon
WITNESS my hand and official seal.			